

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90117 039 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000000947

1. Entity Name

THE FIRST CHURCH OF DELIVERANCE APOSTOLIC FAITH CORP.

Principal Place of Business

Mailing Address

**1419 BETTY LANE
CLEARWATER FL 33755**

**1419 BETTY LANE
CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3152047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATERS, JIMMIE
705 BUTLER STREET
SAFETY HARBOR FL 34695**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	WATERS, JIMMIE PASTOR	705 BUTLER ST. SAFETY HARBOR FL 34695				
	D	WATERS, EVELYN J PASTOR	705 BUTLER ST. SAFETY HARBOR FL 34695				
	SD	DAWS, IRENE	12430 MONROE CT. LARGO FL 33714				
	SDD	MCCREE, KONRAD	19 JENNIFER COURT DUNEDIN FL 34698				
	D	WILLIAMS, STEVEN	1001 N. GREENWOOD AVE., BLDG. 6-1 CLEARWATER FL 33755				

CR2E037 (4/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Jimmie Waters* *9/8/02*